

DRAFT

FOR CAC USE

ACTION REFERENCE:  
INVESTIGATION #:  
DPR/WHS/OTHER  
(Circle one)

INSPECTING COUNTY

FIRM / PERSON INSPECTED	<input type="checkbox"/> FLC <input type="checkbox"/> GROWER <input type="checkbox"/> OTHER	TELEPHONE NUMBER	SITE ID NUMBER
FIRM MAILING ADDRESS		PERMIT / OPERATOR ID NUMBER	COMMODITY / SITE
PROPERTY OPERATOR		ADJACENT ENVIRONMENT (N) (S)	
PROPERTY LOCATION		(E) (W)	
SUPERVISOR	INTERVIEWED <input type="checkbox"/> YES <input type="checkbox"/> NO	APPLICATION SPECIFIC INFORMATION DISPLAYED	<input type="checkbox"/> YES <input type="checkbox"/> NO

WORKER PROTECTION STANDARD ELEMENTS

Date of Application:	REI Expired: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Approximate Number of Employees:	Approximate Field Size:		
Fieldworker Activity:	Number of Fieldworkers Interviewed:		
PESTICIDE NAME / MANUFACTURER	LABEL REGISTRATION NUMBER	SIGNAL WORD	REI

Early Entry Personal Protective Equipment Worn

HANDS	EYES	INHALATION	OTHER
<input type="checkbox"/> Cloth/Leather Gloves	<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Dust Mask	<input type="checkbox"/> Work Clothes
<input type="checkbox"/> Chemical Resistant Gloves	<input type="checkbox"/> Goggles	<input type="checkbox"/> 1/2 Face Respirator	<input type="checkbox"/> Chemical Resistant Clothes
<input type="checkbox"/> Other _____	<input type="checkbox"/> Faceshield	<input type="checkbox"/> Full Face Respirator	<input type="checkbox"/> Chemical Resistant Boots
<input type="checkbox"/> None	<input type="checkbox"/> Eye/Sun Glasses	<input type="checkbox"/> SCBA	<input type="checkbox"/> Head Covering
	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Shoes and Socks
			<input type="checkbox"/> Other _____

REQUIREMENTS	Section	COMPLIANCE			DECONTAMINATION FACILITY: (Item 9)
		YES	NO	N/A	
1. FLC Registered #	(LC) 1695				Decontamination Facility(s) within 1/4 Mile <input type="checkbox"/> YES <input type="checkbox"/> NO
2. Notice of Applications within 1/4 mile	6618(b)				Amount of Water Available: <input type="checkbox"/> YES <input type="checkbox"/> NO
3. Labeling - Personal Protective Equipment	12973				Soap Available <input type="checkbox"/> YES <input type="checkbox"/> NO
4. Employer Provided Employee PPE	6702(b)(4)				Single Use Towels <input type="checkbox"/> YES <input type="checkbox"/> NO
5. Hazard Communication A-9	6761				Eyewash 1 Pint each (Early Entry) (6771) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
6. Field Work during Pesticide Application	6762				Clean Towels (Early Entry) (6771) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
7. Field Worker Training	6764				COMPLIANCE ACTIONS:
8. Emergency Medical Care Knowledge	6766				Follow-up required <input type="checkbox"/> YES <input type="checkbox"/> NO
9. Decontamination Facility(s)	6768				Cease and Desist Order 11897/13102 <input type="checkbox"/> YES <input type="checkbox"/> NO
10. Field Entry after Pesticide Application	6770				Hazardous Area 6706 <input type="checkbox"/> YES <input type="checkbox"/> NO
11. Early Entry Requirements	6771				Correct Noncompliances by Date:
Items Specific to Property Operators					County Follow-up Inspection Date:
12. Posting Compliance	6776				VIOLATION NOTICE # <input type="checkbox"/> YES <input type="checkbox"/> NO
13. Application Specific Information	6761.1				
14. Greenhouse Ventilation Criteria	6769				
TOTAL	TOTAL				

Remarks: Include a detailed description of noncompliances.

INSPECTOR <i>Print Name</i>	Signature	TIME AND DATE INSPECTED
INSPECTION ACKNOWLEDGED BY <i>Print Name</i>	Signature	DATE ACKNOWLEDGED